ARIZONA DEPARTMENT OF HEALTH SERVICES, OFFICE FOR CHILDREN WIT H SPECIAL HEALTH CARE NEEDS TBI/SCI/CYSHCN BILLING AND INVOICE PACKET COMMUNITY OUTREACH/EDUCATION LOG CONTRACTOR NAME:

ADHS PO#

ADHS CONTRACT # State Fiscal Year 2008

BILLING MONTH: DATE:

Program	Date	Family Resource Coordinator	Activity	# Of Participants	Setting	Audience Description	Total Number of Hours (In .25 Hr Increments)
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